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ABSTRACT

Community data concerning drug and alcohol usage patterns was assessed via a unique "personal delivery" system. The system, which can be used for collecting other community data produced a return rate of 85% and was very economical. This system largely overcomes the main drawback of the mailed questionnaire (low return rate) by (1) having questionnaire distributors establish rapport with the subject, (2) personally convincing the subject of the importance of the study, (3) getting a "foot in the door" with a personal commitment from the subject, and (4) giving the subject two different ways to return the questionnaire. Although the stress is on a data collection system, several brief summary tables are included to give an overview of the results that were collected. (Author/BN)

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Use of the "personal delivery" system for assessment of drug and alcohol attitudes and usage patterns'

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Use of the "personal Delivery" System for Assessment of Drug and Alcohol Attitudes and Usage Patterns

One of the problems confronting researchers interested in collecting data on community attitudes is deciding upon the most appropriate and effective survey technique. This problem is magnified when the researcher is investigating sensitive topic areas such as use of, and attitudes toward, drug and alcohol.

Most standard texts on social research methods (i.e. Baily, 1978; Selltiz, Wrightsman, and Cook, 1976; and Simon, 1969) refer to three primary survey techniques: the personal interview, the telephone interview, and the mailed questionnaire. Each of these had advantages and disadvantages compared to the others (see Table 1).

The primary advantages of the interview are its flexibility in obtaining data, the personal rapport established with the respondent, and its relatively low nonresponse rate (10-20%). However, its cost ($15-25 per subject) makes it impractical for many social research studies. It also requires a great deal of time and substantial training of interviewers.

The telephone has been employed recently with the advent of bulk calling rates and random dialing techniques (Cooper, 1964). Telephoning has the advantages of being relatively inexpensive and having a low refusal rate. However, it elicits cooperation for only 2-5 minutes, is unable to assure anonymity, and is nonrandom since approximately 10% of the population has no phone (Weisberg and Bower, 1977, p. 59).

Questionnaire distribution by mail has been used by many researchers primarily because of its low cost, its objectivity, minimal reliance on staff expertise, and assured subject anonymity. The main disadvantage is the usual low response rate and the associated nonresponse biases. Although some researchers report on increase in return rate with follow-up letters (Donald, 1960 cited in Lansing and Morgan, 1971), this procedure has the potential of undermining assurances of anonymity (an important consideration for drug and alcohol research).

This paper describes the "Personal Delivery" technique for distributing and

collecting questionnaire data. This system largely overcomes the main drawback of the mailed questionnaire (low return rate) by:

1) establishing rapport with the subject;

2) personally convincing the subject of the importance of the study;

3) getting a "foot in the door" (Freedman and Fraser, 1966) with a personal commitment from the subject;

4) and giving the subject two different ways to return the questionnaire.

Procedure

A 52-item, 13-page questionnaire was developed to measure community attitudes toward, and usage patterns of drugs and alcohol.[1] The questionnaire was divided into sections assessing personal demographic data, community drug and alcohol problems, personal experience with drugs and alcohol and experience with local drug and alcohol prevention and treatment programs.

A nonexistent drug (phenohalides) was included in the questionnaire to check on the number of subjects that would over report their usage of drugs. This device would allow the responses of these over-responders to be discarded before the data was analyzed.

The goal of the study was to distribute the questionnaire to a representative sample of residents of Washington and Greene counties (Pennsylvania). These counties (total area = 750 miles^2, population = 250,000) are composed primarily of farm lands and small towns. Every attempt was made to assure that questionnaires would be delivered in numbers that would be proportional to all subgroups of the population. To assure this, diverse geographical target areas for the distribution of the questionnaire were selected in both Greene and Washington Counties. In total, 10 target areas were selected in Washington County and three were selected in Greene County. The target areas were stratified according to the following characteristics of the population: geographical distribution, rural/town population balance and average income per geographical area. A starting point for questionnaire distribution was randomly selected from a map of the target area; from the starting point every other house was sampled along the road

until approximately 70 questionnaires had been distributed. Questionnaire distributors (college students) were trained to approach the house and

1) explain the study and stress its importance

2) emphasize the anonymity of the subject's responses

3) encourage the respondent to make a commitment to complete the questionnaire during the next hour and have it picked up by the distributor.

If the subject was unable to complete the questionnaire immediately or if they were concerned about their anonymity, they were given a stamped, addressed envelope in which to return the questionnaire by mail. If they completed the questionnaire immediately they were told they could keep the stamp.

Results and Implications

Return Rate and Expense

Approximately 45% of the questionnaires were returned (855 distributed, 384 returned). This represents about twice the return rate many previous mail delivery systems have reported. Only one area returned less than 30% and four others less than 40%. The total cost (including postage, paper, typing, distribution payment and travel) for the collected data was approximately $700 which translate into $.85 per distributed questionnaire ($1.90/returned). One student had 70% of his questionnaires returned, which suggests that the style and presentation of the distributor plays a very important part.

Similarity of Sample and Population

An adequate method of comparing the sample used in this survey with the population is to compare the two of them with regard to available demographic data (1970 census report). Table 2 compares the sample and the population according to county residents; Table 3 compares the two according to age distribution; Table 4 compares the male-female distribution of the two and Table 5 compares sample and population according to racial distribution. None of the differences between sample and population are significant according to the x^2 test at even the very conservative level of significance of .20. The only differences between sample

and population that is greater than 4 percentage points is the the 25-34 year old age group and the lower number of Caucasians in the sample. The best explanation for the discrepancy in age composition seems to be the large number of mother/housewives that were at home when the questionnaires were delivered. The best guess for under-representation of Caucasian is that a few respondents were unfamiliar with the term Caucasian (instead of white) and did not answer.

Questionnaire Data

The purpose of this paper was to describe a data collection system. But, several brief, summary tables are included to give the reader an overview of the results that were collected. Tables 6 and 7 summarize drug usage patterns and motives for use. Tables 8 and 9 do the same for alcoholic beverages.

Footnotes

1. The authors acknowledge financial support for this study from the Washington-Greene Drug and Alcohol Planning Commission. Copies of the questions asked, complete data from this study ("Incidence and Prevalence of Alcohol and Drug Use in Washington and Greene Counties") may be obtained by writing to:

Mr. William Carl
Executive Director
Washington-Greene Drug and Alcohol Planning Commission
East Beau Building
Washington, PA 15301

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TABLE I

Summary of Data Collection Systems that Could Be Used For Community Drug and Alcohol Data

	Personal Interview	Mailed Questionnaire	Phone	Personal Delivery
Cost	Very High	Low	Low	Low
Subject Anonymity	Low	High	Low	High
Staff Expertise	Very high	Low	High	Low
Subject Frankness	Uncertain	High	low	High
Bias	Possible	None	Possible	None
Item Omission	Low	High	Low	High
Nonresponses	Low (10-20%)	High (50-90%)	Low	Medium (30-60%)
Subject Availability	High	Low	High	High
Time Required	High	Low	High	Medium

TABLE 2

Comparison of Population of Washington and Greene Counties and Sample Used in this Study

	1970 Census Population	(%)	Sample	(%)
Washington County	210,876	(85.4)	359	(87.6)
Greene County	36,090	(14.6)	51	(12.4)

TABLE 3

COMPARISON OF AGE DISTRIBUTION OF THE POPULATION AND SAMPLE USED IN THIS STUDY*

15-17		18-24		25-34		35-44		45-54		55-64		65 & Up	
S.	(POP.)	S.	(POP.)	S.	(POP.)	S.	(POP.)	S.	(POP.)	S.	(POP.)	S.	(POP.)
6.1	(7.4)	11.5	(14.2)	20.2	(13.9)	18.[illegible]	(15.6)	16.5	(18.8)	14.6	(14.9)	12.9	(15.1)

*Percentages indicate per cent of population over 14 years of age or per cent of sample in that age group.

TABLE 4

Comparison of Male-Female Distribution of the Population and the Sample Used in this Study

Percent of each sex

MALE		FEMALE	
Sample	(Population)	Sample	(Population)
45.1	(48.7)	54.9	(51.3)

TABLE 5

Comparison of Race Distribution of the Population and the Sample Used in this Study*

CAUSASIAN		NEGRO		OTHER	
Sample	(Population)	Sample	(Population)	Sample	(Population)
89.8	(96.7)	3.9	(3.2)	2.9	(.1)

*No response to this question in the sample = 3.4%.

TABLE 6

Average Usage of Drugs During the Past Year (in per cent)

Drugs	Never	Once a Year	Twice a Year	Four Times a Year	Four to Twelve Times a Year	Once or Twice a Month	Once or Twice a Week	3-6 a Week	Daily
Heroin	95	0	0	0	0	0	0	0	0
Methadone	95	0	0	0	0	0	0	0	0
Barbiturates	90	1	1	1	1	1	1	0	0
Amphetamines	86	2	1	1	1	1	0	0	0
Tranquilizers	78	3	2	2	4	3	2	2	2
Morphine	95	0	0	0	0	0	0	0	0
Hallucinogins	92	1	0	1	0	1	0	0	0
Marijuana	82	2	1	2	2	1	3	2	1
Cocaine	92	1	1	0	0	0	0	0	0
Inhalents	94	0	0	0	0	0	0	0	0

TABLE 7

Legitimate Reasons for Taking Drugs

Reason	%	Reason	%
To stay awake	5	For pleasure	12
To remain alert	5	To be sociable	7
To excape boredom	6	Only if prescribed	63
To lose weight	7	To get high	11
To relax	13	There are none	16
To sleep	10	Others	6

TABLE 8

Average Usage of Alcoholic Beverages (in percent)

Frequency	Beer	Liquor	Wine
2-3 times a day	1	0	0
2 times a day	0	0	0
once a day	2	2	2
nearly every day	4	2	1
3-4 times a week	4	1	2
1-2 times a week	8	6	6
2-3 times a month	11	9	9
about once a month	8	20	11
at least once a year	10	19	25
less than yearly	6	5	12
never drink beer	45	32	34

TABLE 9

Legitimate Reasons for Taking a Drink

Reasons	%
To Relax	35
To Escape Misery	9
To Sleep	10
To Be Sociable	61
Health Reasons	28
Others	18